Contemporary Themes

The Normansfield Inquiry

We publish below extracts from the Report of the Committee of Inquiry into Normansfield Hospital, including the main conclusions and recommendations.

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Preface

Late in the evening of 4 May 1976 an informal meeting of certain members of the Confederation of Health Service Employees was held at Normansfield Hospital, Teddington, Middlesex. That night the hospital housed 202 mentally handicapped patients of varying ages, many of them suffering from multiple handicaps, some to the point of complete helplessness. Those present at the meeting were members of the nursing staff and they were angry that the health authorities had apparently failed to take full notice of their grievances against the consultant psychiatrist in mental subnormality at the hospital, Dr Terence Lawlor. After some hours of discussion they decided to go on strike from seven o'clock next morning with a view to persuading the South-west Thames Regional Health Authority to suspend the doctor from duty.

Shortly after daybreak pickets were out at the hospital. Patients were attended by a skeleton nursing staff, helped by a few other staff and relatives. Nursing cover fell below danger level and the health and welfare of patients were endangered.

Later that day Dr Lawlor was suspended from duty, and the nurses returned to the wards shortly after 3 30 pm.

The regional health authority on 12 May 1976 appointed an independent committee, under the chairmanship of the late Mr Gerald Kidner, to inquire into the dispute and to report. Within a few days of the opening of this inquiry on 8 November 1976, Dr Lawlor and his legal representatives withdrew from it (followed two days later by the medical member of the committee itself) and thereafter Dr Lawlor and others pressed for a public inquiry. Among those supporting the idea were the British Medical Association and the Hospital Consultants and Specialists Association.

Accordingly on 3 February 1977 the Secretary of State for Social Services, the Rt Hon David Ennals, appointed us, Michael Sherrard QC, Thomas Fisher, SRN, RNMS, Dr Hector Fowlie, MB, ChB, FRCP, FRCPsych, the Hon John Scarlett, CBE, and Mrs Alys Woolley, to hold a public inquiry into the matter pursuant to Section 70 of the National Health Service Act 1946 (now Section 84 of the National Health Service Act 1977). Our terms of reference were:

To inquire into patient care and staff morale at Normansfield Hospital, Teddington, and in particular into complaints made by staff at the hospital and others;

To inquire into the causes and effect of unrest at the hospital and the action taken to deal with the situation;

And to make recommendations.

We now report, with sadness, our findings and, in a spirit of hopefulness, make our recommendations.

Natural justice and its limitations

In view of the fact that many professional reputations were at stake and that grave questions of good faith and integrity were likely to arise, we were determined to put into operation the safeguards of the rules of natural justice.... We took as our yardstick the recommendations of the Report of the Royal Commission on Tribunals of Inquiry....

- "i. Before any person becomes involved in an Inquiry, the Tribunal must be satisfied that there are circumstances which affect him and which the Tribunal proposes to investigate.
- ii. Before any person who is involved in an Inquiry is called as a witness he should be informed of any allegations which are made against him and the substance of the evidence in support of them.
- iii. a. He should be given an adequate opportunity of preparing his case and of being assisted by legal advisers.
 - b. His legal expenses should normally be met out of public funds.
- iv. He should have the opportunity of being examined by his own Solicitor or Counsel and of stating his case in public at the Inquiry.
- v. Any material witnesses he wishes called at the Inquiry should, if reasonably practicable, be heard.
- vi. He should have the opportunity of testing by cross-examination conducted by his own Solicitor or Counsel any evidence which may affect him..."

We feel impelled to add that we believe that there may be a fundamental conflict between the principles of natural justice on the one hand and the need for the urgent resolution of practical problems like those confronting Normansfield on the other.... Our experience in the present inquiry has driven us to the conclusion that where problems have been allowed to get out of hand for a long time as happened at Normansfield, an inquiry such as this is bound, if fairly conducted, to be lengthy....

We believe that everything possible should be done to prevent hospital disputes accumulating to such an extent that there is no alternative to treating them as being justiciable in the broad terms which confronted us. Effective and expeditious machinery for resolving issues as and when they arise already exists, but it was not used when it should have been... Many things became worse at Normansfield because they were ignored.... It is a fundamental criticism of the administrative organisation as a whole that the situation was allowed to develop as it did.... We believe the public, as a matter of right, as well as by reason of the fact that it pays for the NHS, is entitled to sound and reliable standards from those employed to administer it. We have therefore looked at matters from the viewpoint of public accountability.

Principal conclusions of the inquiry

- (1) The quality of life of the patients at Normansfield Hospital during the past six years at least has been impaired by a failure of the senior medical, nursing, and administrative officers in post to co-operate with each other in the delivery of care. This failure was compounded by the area health authority.
- (2) Hostility between Dr Terence Lawlor (the consultant psychiatrist in mental subnormality) on the one hand and virtually all the other nursing, paramedical, and ancillary services on the other was the principal factor giving rise to the troubles at the hospital. The main cause for the shortfall in patient care and development was not lack of finance but a failure of duty by the area health authority (and in particular by the area management team). The regional health authority failed adequately to monitor the work of the area health authority and

did not ensure that its policy in relation to the delivery of care to the mentally handicapped was carried out. There was a significant failure in general to implement the policy laid down in the Government's White Paper "Better Services for the Mentally Handicapped."

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- (3) There is, with one exception, no evidence whatsoever of cruelty or ill-treatment of patients by members of the nursing staff. The exceptional case was one of thoughtless rough handling by a nursing assistant; its immediate consequences were alarming but, happily, there were no long-term ill effects. Patients did not suffer personal injuries as a result of lack of reasonable supervision on the part of any members of the hospital staff.
- (4) The standard of nursing care was generally extremely low and the quality of life of many of the patients suffered accordingly. Shortage of staff at different levels was at various times a contributory factor, but it was by no means the principal cause of difficulty. Although a comparatively small hospital, Normansfield had what should have been the considerable advantage of five nursing officers and one senior nursing officer. Between them they failed to improve the standard of the nursing care or to sustain any impetus towards improvement. The senior nursing officer was weak and ineffectual and failed to display the necessary determination and leadership vital to the proper discharge of his duty to the patients. He lacked the counsel and support of his seniors at area level to which he was entitled.
- (5) In March 1974 the incoming area nursing officer, Miss D I Markham, received from the principal nursing officer (psychiatric division) a lengthy report which said that "the nursing staff at Normansfield would appear to have lost their way." This grave report was, for all practical purposes, ignored. Eighteen months later one of the department's nursing officers visited Normansfield and was considerably disturbed at what she saw there. Her views, which she made clear to Miss Markham among others, were not given the urgent attention they called for and no substantial improvement was effected. A number of the ward nurses were of excellent calibre and did what they could to overcome the obstacles to good nursing which they encountered. Some of the sisters and charge nurses struggled valiantly to maintain proper standards, but the odds overwhelmed them. There was, among other things, an excessive and improper use of seclusion of patients both to deal with those who were difficult and, on one occasion, to enforce the dietary regimens of others.
- (6) For long periods of time the hospital buildings were neglected and dangerous. They were a patchwork quilt of makeshift repair and poor workmanship. The roof of the main building let in water for many years and the upper floor often had to be evacuated because rainwater poured in and it was feared that the ceiling would collapse. Patients were sometimes soaked as they slept. Buckets and tin baths littered the upper corridor and were still to be seen in February 1977, since which time the roof has been made watertight. The standards of hygiene were often appalling and patients and staff alike suffered from demarcation disputes between nursing and domestic staff. Faeces and urine were frequently left unattended for days on end, with consequent risk to health and welfare of patients and staff. By May 1978 several of these criticisms were still appropriate.
- (7) Morale at the hospital was extremely low for many years and in general its peaks and troughs can be traced to the attitude and behaviour of Dr Terence Lawlor. He was the person mainly responsible for the crises of confidence which in May 1976 led to the strike of the majority of the nursing staff.
- (8) Dr Lawlor made the very worst of an already poor situation. He was hypercritical of the nurses and he adopted and enforced an obsessively protective attitude towards patients, whose lives he needlessly and harmfully restricted. He was

- fettered by his fear of personal censure and of being held responsible for any and every untoward occurrence. His intolerant, abusive, and tyrannical regime drove away from the hospital other medical staff, paramedical and ancillary staff as well as talented teachers and others who tried to assist with the patients. Initiatives designed to improve the quality of life of the patients were stifled and opportunities for progress were lost.
- (9) The creation of this isolated consultant post was a fundamental error aggravated in this case by the appointment of someone of Dr Lawlor's personality. He might have been kept in check by his medical colleagues in the area but they were reluctant to work with him because they did not wish to undertake a position of responsibility at Normansfield without authority to vary some of "the current practices there" of which they disapproved. In the result Dr Lawlor was isolated even to the extent of a failure on the part of these colleagues to provide him with cover during the working week or over holidays. We do not believe that either the patients or Dr Lawlor in fact suffered as a result of the attitude of his immediate colleagues; but his own sense of isolation was thereby increased and those around him were left in no doubt of his general displeasure.
- (10) The administration of the hospital was poor at every level. The administrator in post at Normansfield in the last two years with which we were concerned was well-meaning but unable to impose his intentions on those around him. He lacked initiative and drive. He was afraid of Dr Lawlor, succumbed to his authority, made the position of the senior nursing officer even more difficult, and in general failed to establish with his superiors a line of communication which was either useful or effective.
- (11) When new health authorities took over Normansfield on the reorganisation of the Health Service in April 1974, it was already run down and experiencing difficulties. The new administration at area level adopted a philosophy of seeking to improve the situation by non-intervention and persuasion. This policy was soon shown to be ineffectual but it was nevertheless persisted in for too long. There was continuing failure to come to grips with the management problems of Normansfield and a persisting disinclination to thrash out the problems with Dr Lawlor or to seek to overcome his demoralising attitude. Even though there was a failure on the part of certain members of the area management team to keep their colleagues properly informed of adverse developments at Normansfield the area management team was well aware that the situation was deteriorating from mid-1974, but lacked either the will or the skill to do anything about it. There were fitful, sporadic manifestations of concern, but regrettably, these were often more ritualistic than realistic contributions to a resolution of the difficulties. All the members of the area management team must accept responsibility.
- (12) At regional level an attitude of "wait and see" was adopted regardless of the knowledge that the price of waiting was being paid by the patients. Region was the employer of Dr Lawlor and as such had the duty to see that he honoured his contractual obligations. Region watched the "nettle" grow but was not prepared either to grasp it at an early stage and to root it out or to take any other steps to prevent it, thereby weakening the prospects for healthy growth around it. Not until a very late stage in our inquiry did we learn that six months before the strike the regional administrator, Mr M W Southern, had written to Mr A J Collier, a deputy secretary at the department, a letter which showed that he realised that those at Area were then "almost at the end of their tether." No attempt was made to persuade Dr Lawlor to modify his attitude or to oblige him to conform to the wishes of Region. He refused to meet the regional medical officer, Dr P G Roads, and no steps were taken to oblige him to do so. He was not summoned to attend on the chairman of the regional health authority, who had not, in fact, been made aware of the difficulties Dr Lawlor had created at Normansfield.

- (13) The Kingston, Richmond, and Esher Community Health Council is to be congratulated on its tenacity in exposing and reporting on the situation it found at the hospital. Likewise do we applaud the single-handed attempt of the teacher-incharge of the local education authority school, Mrs Priscilla Mills, to bring to the attention of the authorities the plight of the children under her educational care. She fought Dr Lawlor with tact and determination and retired, exhausted, from the scene only when she had won for the children the rights to which they were entitled. We record, too, the important part played by the league of friends, voluntary helpers, interested societies, and members of Parliament in maintaining the momentum of concern for the patients at Normansfield.
- (14) The true cause of the industrial action at Normansfield which resulted in a strike of nurses on 5 May 1976 was the accumulated state of frustration and despair on the part of the nursing staff at Dr Lawlor's hands and the indifference and mediocrity of both the internal and external administration of the hospital.
- (15) The reason why the strike erupted suddenly was a series of blunders by branch officers and the regional secretary of No 13 Region of the Confederation of Health Service Employees (COHSE). Some of these were coarse opportunists who embraced the discontent as an ally in demonstrating their trade union muscle. The regional secretary (a full-time official) and the branch secretary (a so-called "full-time" carpenter at Normansfield) frequently and knowingly broke the rules of COHSE, misled the rank and file of the membership, and too willingly jumped aboard the bandwagon driven for the occasion by disgruntled nursing officers. Furthermore, and in a sense worse, the regional secretary and the branch secretary concerned ran for cover at the first signs of hostile firing and did not scruple to blame the members for the strike by pretending that their good advice had been overridden by the membership.
- (16) The strike might well have been avoided had the area health authority reacted with either manifest concern or promptness during the six weeks which preceded the strike. By 19 March 1976, at the latest, a petition from the hospital's nursing staff relating their grievances with regard to Dr Lawlor had been received by area officers. Between 20 March and the strike on 5 May no area officer took any steps to meet the nurses who had signed the petition to discuss with them individually or in a group their fundamental complaints. No one went to Normansfield for the purpose. The area management team adopted an approach which was both casual and complacent. They left the nursing staff with the impression that their complaints were not being treated seriously or with anxiety. The senior nursing officer in relation to the nurses' grievances in effect abdicated his role as captain of the nursing staff and effectively withdrew from his managerial role.
- (17) The staff at Normansfield were convinced that nothing short of drastic action on their part could produce the result they wanted by the end of April—namely, to be rid of Dr Lawlor.
- (18) The strike was avoidable and should have been avoided. With a few honourable exceptions, most of the staff were prepared to abandon their patients, many of them helpless. Some members of the nursing staff, indeed, had seriously considered going on strike in the middle of the night. Although this particularly dangerous course was not followed, the majority of the nursing staff who were members of COHSE went on strike at 7 am, leaving only a skeleton staff of trained nurses on the wards. Despite supplementary assistance given by some area staff, clerical and other staff from the hospital, and others the difficulties were immense. At about 10 am the skeleton staff was withdrawn from the wards. The situation, in which many patients were left to their own devices, deteriorated and by midday it was considered that their lives and health were imperilled.

(19) The area nursing officer reported that the patientswere in serious danger by midday on 5 May 1976, and feared that an accident might occur. However, it was not until about 1 o'clock that afternoon that the regional team officers recommended to the chairman of the regional health authority, Lady Robson of Kiddington, that Dr Lawlor be suspended. Despite the knowledge that patients were in peril the decision to suspend Dr Lawlor was not notified to the staff at Normansfield until about 3 30 that afternoon, whereupon they returned to the wards. An unnecessary and dangerous delay of at least two hours was involved.

Principal conclusions on the strike

- (1) The strike of 5 May 1976 should not have taken place.
- (2) Patients were exposed to needless and serious danger.
- (3) The unofficial action of the nurses was provoked by the failure of the authorities to demonstrate that they were treating the nurses' complaints seriously and urgently.
- (4) The nurses were gravely at fault in failing to give adequate notice of their intention to strike as well as in failing to observe the rules of their union.
- (5) Immediate responsibility for the strike rests squarely on the five nursing officers: Mr Cumming, Mr Restel, Mr Smith, Mrs Truman, and Mr Tully; and on the regional secretary of COHSE, Mr Somers, and the branch secretary, Mr Palma.
- (6) The nursing officers as a group were responsible for exploiting the events which led to the strike. In doing so they allowed their militancy and objection to Dr Lawlor as a person to override and obscure their duty to the patients. They were also in breach of their duty as nursing managers to seek to resolve disputes and to contain, but not inflame, the grievances of the nursing staff.
- (7) The strike was not occasioned by Dr Lawlor's complaints about "unexplained accidents to patients or staff" nor by objections to Dr Lawlor's judgment in clinical matters.
- (8) Mr Somers fomented the idea of militant strike action regardless of the patients' interests. He and Mr Palma misled the COHSE members as to the union rules relating to industrial action. Many of the meetings leading to the decision to strike were improperly convened and the petition and the strike both contravened union rules.
- (9) Other members of the nursing staff who joined in the strike, even if they believed it to be official, must bear some criticism. Some of them had only an inadequate grasp of English and had only a very vague idea of union procedures. No doubt it would have been difficult for them to stand out against their senior officers and the union officials but it is lamentable that any member of the nursing profession should have abandoned patients as happened on this occasion. All those nurses who took part in the strike failed to do their duty to the patients.
- (10) Those members of COHSE who refused to abandon the patients deserve commendation as do nurses in other unions for refusing to join the strike.
- (11) Mr McCann, the senior nursing officer, abdicated his responsibility as leader of the nursing staff at Normansfield and as a member of the management of the hospital. He could and should have done more to influence events away from strike action.
- (12) The nursing staff were legitimately aggrieved. Those engaged in organising the strike took insufficient steps by way of negotiation and discussion (as opposed to militant action) to ventilate their grievances and secure their aims. The strike was, at least in part, a manifestation of strong personal animosity between the nursing officers and Dr Lawlor.
- (13) Dr Lawlor's attitude when he knew of the nurses' grievances was belligerant and insensitive and therefore inflamed rather than calmed the situation.
- (14) The area health authority, through the area management team, was grievously at fault in their insensitive and dilatory handling of the nurses' complaints. A petitition from the hospital's nursing staff had been received by area officers by, at the latest, 19 March 1976. Between 20 March and the strike on 5 May no area officer took any steps to meet the nurses who had signed the petition to discuss with them individually or in a group their fundamental complaints. No one went to Normansfield for the purpose.

- (15) The regional health authority, through the regional team of officers, failed to react promptly, efficiently, and firmly in the face of the threat of strike action.
- (16) Mr M W Southern (the regional administrator) and Dr P G Roads (the regional medical officer), in all the circumstances, delayed too long their advice to the chairman of the authority to suspend Dr Lawlor. Furthermore, when the decision to suspend Dr Lawlor had been taken they failed to ensure that it was communicated forthwith to the nurses. As a result the patients were exposed to danger for an additional period of at least two hours.
- (17) Mr Rawlings and Mr McCann failed to devise contingency plans for the care of the patients once it was known that a strike was inevitable. Equally Mr Taylor and Miss Markham were at fault for not ensuring that this was done.
- (18) Dr Nelson was gravely at fault in failing to check whether the clinical assistants were being permitted to enter the hospital or otherwise to satisfy himself about the medical condition of the patients in general.
- (19) The publicity which followed the strike was inaccurate and misleading, not least due to Dr Lawlor's statements on the subject.

Principal recommendations on the strike

The recommendations which follow should be read subject to the observations made in paragraph 22 of the introduction to our report.

It would be inappropriate if we encouraged legislation based on the aberrant behaviour of comparatively few people in an unusual and unhappy context and we did not see this as being within our remit. There were, in any event, two other factors which militated against our seeking to suggest the imposition of solutions from the standpoint of what was, in many instances, the lowest common denominator. First, the Royal Commission on the National Health Service now in session is specifically charged to consider in the interests of both the patients and those who work in the NHS the best use and management of the financial and manpower resources of the NHS. It seems to us that the Royal Commission is the most suitable body to decide whether our conclusions and our description of the events at Normansfield are material fit for its consideration in the wider context of the national interest. Second, a number of expert committees are engaged in revising subjects related to many of those with which we deal here. We hope the experiences we cover may be regarded as suitable for their consideration also.

We make our recommendations specifically in the light of our findings as to what occurred at Normansfield. If the whole, or significant aspects, of the situation that prevailed there are thought to be more general, then our recommendations may have wider significance.

- (1) When a conflict arises between the rights of the patients not to be endangered by industrial action on the one hand and the rights of staff to take industrial action on the other the rights of the patients should prevail.
- (2) Members of trades unions and professional associations should familiarise themselves with the rules of their respective organisations governing industrial action which may affect patients. It should be the duty of whole- and part-time officers of such organisations to advise and counsel their members to observe the rules.
- (3) Clear and well-defined grievance procedures should be devised and explained to all members of staff. (Where necessary the grievance procedure should be translated into the mother tongue of those whose command of English is imperfect.) In particular, such procedures should identify the lines of communication to be used in any dispute which might lead to industrial action.
- (4) Contingency plans to safeguard the health and lives of patients in the event of industrial action should be agreed between all trades unions and

professional associations and the area health authority and regional health authority. It should be the duty of all staff to honour such contingency plans.

Commentary on the conduct of the authorities

It is appropriate here to stress one aspect of the Normansfield problem which is of paramount importance. Throughout the inquiry it has appeared that all those in a position to take action about Dr Lawlor have been obsessed with the difficulty of doing so, feeling that there was no adequate machinery available, and possibly that such action might evoke sympathetic industrial action in other hospitals.

We reject this reasoning. Health authorities have a right, and indeed a duty, to stipulate, if they feel it necessary, the pattern of life that they wish to provide in the hospitals for which they are responsible (this particularly applies to long-stay hospitals); and it is equally their duty to take disciplinary action against any employee who deliberately thwarts their intentions in this respect. They should not allow themselves to be confused, still less stopped in their tracks, by the use of such terms as "clinical responsibility."

As to inhibitions based on the fear that others might take sympathetic industrial action, we do not believe that well-informed responsible medical staff would behave in this way provided they were satisfied that the authority was motivated by concern for patients.

There were strong indications in the evidence that some members of the authorities responsible for Normansfield may not fully have appreciated the responsibilities they implicitly assumed when agreeing to accept the invitation to serve. It seems to us that the duty of members, especially of area health authorities, is not only the exercise of what may seem to be abstract management in the artificial isolation of a board room. They have a responsibility to satisfy themselves personally that the standards of care and the living and working conditions provided in their name are not merely adequate but are the best that can be provided with the resources at their command. We think it likely that members seeking that reassurance would wish to visit establishments and hospitals run in their name and that this would be especially so where special circumstances of concern pertain, as they did at Normansfield.

The conditions we saw during our four days of visiting in April 1977, and on our one-day visit in May 1978, gave every appearance of being of some duration and were such as to make us wonder how sensitive, caring members of the authority could have tolerated them without vigorous protest leading to concerted action by officials of the authority. If it be the case that members had not visited and had not taken the opportunity to see for themselves the conditions which we observed, then we are equally at a loss to understand why this was so in the light of the special circumstances of Normansfield.

We cannot emphasise too strongly our view that members of a health authority, and especially the chairman, accept, with the honour of their appointment, a personal commitment to ensure that decent conditions exist and that the highest possible standards are practised in their collective name.

Other recommendations

Other recommendations of the report include the dismissal from their posts of the area administrator, the area nursing officer (who had already retired), the divisional nursing officer, the senior nursing officer at Normansfield, four of the five nursing officers, the unit administrator, and Dr Lawlor. The committee also recommend that the Professional Conduct Committee of the General Medical Council should be invited to consider Dr Lawlor's clinical practice and ethical conduct.